

STATE OF OREGON

LIMITATIONS ON SERVICES

15.a. Intermediate Care Facilities' Services

Intermediate care facility services are provided subject to maximum cost reimbursement.

15.b. Intermediate Care Facilities for the Mentally Retarded or Persons with Related Conditions (ICF/MR)

Intermediate care facilities for the mentally retarded or persons with related conditions are provided within the limitations set forth in Oregon Administrative Rules 309-43-000 through 309-43-200.

16. Inpatient Psychiatric Facility Services for Individuals Under age 21

Payment for persons under age 21 in inpatient psychiatric facilities will be made for individuals who have had a pre-admission screening in accordance with 42 CFR 441 Subpart D, except in an emergency, and who are certified as eligible for payment by the Mental Health and Developmental Disability Services Division or its designee.

17. Nurse Midwife Services

Nurse Midwife and other services within the scope of practice of a licensed nurse practitioner are provided on the same basis as physician services.

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SUPERSEDES TN #90-13

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: OREGON

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services and Tuberculosis related services

a. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

X Provided: X With limitations

 Not provided.

b. Special tuberculosis (TB) related services under section 1902(z)(2) of the Act.

 Provided: With limitations*

X Not provided.

20. Extended services for pregnant women

a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

X Additional coverage ++

b. Services for any other medical conditions that may complicate pregnancy.

 Additional coverage ++

++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

LIMITATION ON SERVICES

20.a. Extended Services to Pregnant Women

Pregnancy-related and post partum services provided for 60 days after the pregnancy ends include:

1. Major categories of service:

- a. inpatient hospital services, with the limitations specified in Attachment 3.1-A, page 1.a;
- b. outpatient hospital services, with the limitations specified in Attachment 3.1-A, page 1.a;
- c. laboratory and X-ray services, with limitations specified in Attachment 3.1-A, page 1.b;
- d. physician services, with the limitations specified in Attachment 3.1-A, page 2.a;
- e. clinic services, with limitations specified in Attachment 3.1-A, page 4.a;
- f. prescribed drugs, with limitations specified in Attachment 3.1-A, page 5.a;
- g. diagnostic services;
- h. nurse-midwife services, with limitations specified in Attachment 3.1-A, page 7.a;
- i. transportation, with limitations specified in Attachment 3.1-A, page 7.a;
- j. all emergency medical services.

2. Additional Services to Pregnant Women:

- a. An initial needs assessment to assess the basic needs of the expectant mother, provided by a licensed physician, physician's assistant, nurse practitioner, social worker, or a registered nurse with a minimum of two years of experience, or by an individual under the supervision of one of the above practitioners.
- b. Ongoing case management including development and monitoring to assist the expectant mother in obtaining and effectively utilizing the necessary health and related social services, provided by provider of a type described in Attachment 3.1-A, page 8a Section 20.a.2.a.

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LIMITATION ON SERVICES

20.a. Extended Services to Pregnant Women

2. c. High risk management provided to expectant mothers, identified as being at risk for a low birth weight baby who have demonstrated an inability to follow medical treatment and other service plan parameters. Identification of risk will be made by a licensed physician or nurse practitioner with services provided by a provider of a type described in Attachment 3.1a, page 8a Section 20.a.2a.

d. Nutritional counseling for expectant mothers who have clinical indications identified and for which adequate services are not available from a local Women Infants and Children Program (WIC), provided by a registered dietician, or; an individual with a bachelor's degree in a nutrition related field with two years of related work experience.

e. Home visits, requiring a home assessment and specified training and education, are available to all pregnant women. These services are limited to a maximum of four home visits per pregnancy. These services can be provided by any provider qualified for Maternity Case management Services.

b. Services for any other medical conditions that may complicate pregnancy include:

1. Major categories of services:

a. inpatient hospital services, with the limitations specified in Attachment 3.1-A, page 1.a;

b. outpatient hospital services, with the limitations specified in Attachment 3.1-A, page 1.a;

c. rural health clinic services and other ambulatory services, with limitations specified in Attachment 3.1A, page 1.b;

d. laboratory and X-ray services, with limitations specified in Attachment 3.1-A, page 1.b;

e. physician services, with the limitations specified in Attachment 3.1-A, page 2.a;

f. home health services, with limitations specified in Attachment 3.1-A, page 2.a;

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DATE: _____
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LIMITATION ON SERVICES (cont.)

- g. private duty nursing services, with limitations specified in Attachment 3.1-A, page 3.a;
- h. clinic services, with limitations specified in Attachment 3.1-A, page 4.a;
- i. physical therapy and related services, with limitations specified in Attachment 3.1A, page 4.b;
- j. prescribed drugs, with limitations specified in Attachment 3.1-A, page 5.a;
- k. diagnostic services;
- l. nurse-midwife services, with limitations specified in Attachment 3.1-A, page 7.a;
- m. transportation, with limitations specified in Attachment 3.1-A, page 7.a.;
- n. all emergency medical services.

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ATTACHMENT 3.1-A
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AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a ~~qualified~~ eligible provider (in accordance with section 1920 of the Act).

Provided: No limitations With limitations*

Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

Provided: No limitations With limitations*

Not provided.

Certified

23. Pediatric or family nurse practitioners' services.

Provided: No limitations With limitations*

*Description provided on attachment.

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LIMITATION ON SERVICES

23. Nurse Practitioner Services

1. Services within the scope of practice of a licensed nurse practitioner are provided on the same basis as physician services.

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State/Territory: OREGON

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24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

Provided: No limitations With limitations*

Not provided.

b. Services of Christian Science nurses.

Provided: No limitations With limitations*

Not provided.

c. Care and services provided in Christian Science sanatoria.

Provided: No limitations With limitations*

Not provided.

d. Nursing facility services for patients under 21 years of age.

Provided: No limitations With limitations*

Not provided.

e. Emergency hospital services.

Provided: No limitations With limitations*

Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

Provided: No limitations With limitations*

Not provided.

*Description provided on attachment.

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LIMITATION ON SERVICES (Cont.)

24.a. Transportation

All non-emergency medical transportation requires authorization of payment. Authorization of payment is not required for emergency transportation. OMAP Medical Transportation Services guide describes the services provided.

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EFFECTIVE DATE	

LIMITATION ON SERVICES

24f. Personal Care Services (42 CFR 440.170(f))

Specific personal care services must be prescribed by a physician in accordance with a plan of treatment or authorized for the individual in accordance with a service plan approved by the State or designee. The services are provided by an individual who is qualified to provide such services and who is not a member of the individuals immediate family. The services may be furnished in a home or other location.

Personal Care tasks include:

- 1) Basic personal hygiene - providing or assisting with:
 - a) bathing (tub, bed bath, shower);
 - b) shampoo, hair grooming;
 - c) shaving;
 - d) nail care - hands;
 - e) nail care - feet (only with RN approval);
 - f) foot care;
 - g) dressing;
 - h) skin care - application of emollients if approved by physician, repositioning (see 5b).

- 2) Bowel and bladder care:
 - a) assisting on and off toilet, commode or bedpan, diapering;
 - b) external cleansing of perineal area;
 - c) external cleansing of Foley catheter - after demonstrating technique to RN;
 - d) emptying catheter drainage bag - after demonstrating technique to RN;
 - e) changing colostomy or ileostomy bag for individual with stabilized condition;
 - f) encouraging adequate fluid intake;
 - g) maintenance bowel care, with RN approval.

- 3) Assisting client to take medications:
 - a) open and properly reseal medication containers if client unable to do so;
 - b) observe to assure client taking medication as ordered by physician;
 - c) remind appropriate person when prescription refill needed;
 - d) administration of stabilized, maintenance medication(s).

- 4) Assist oxygen:
 - a) maintain clean equipment;
 - b) assist with maintaining adequate supply.

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